



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 33 Musselshell			District: 0605 Roundup Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
55	1567	No	GRAY, ROBERT	0.25	_____
55	1568	Yes	KREBS, JUNE	0.50	_____
55	1569	Yes	RUSSELL, ROXY	0.25	_____



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Date			Signature, Chair, Board of Trustees			
County: 33 Musselshell			District: 0606 Roundup H S		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
55H	1568	Yes	KREBS, JUNE		0.50	_____
55H	1569	Yes	RUSSELL, ROXY		0.25	_____



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Date			Signature, Chair, Board of Trustees		
County: 33 Musselshell			District: 0607 Melstone Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
64J	1570	No	ADAMS, SIDNEY	0.80	_____
64J	1573	No	MCCAFFREE, MARTY & CINDY	1.00	_____
64J	1753	Yes	NUGREN, JUNE	1.35	_____
64J	1756	Yes	WILSON, JIM & PATTI	2.38	_____
64J	1757	No	SINGH, TAMARA	6.00	_____



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District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
64-H	1571	No	BENSON, JOHN & PAM	2.25	_____
64-H	1572	No	KINCHELOE, ART & YVONNE	1.75	_____
64-H	1753	Yes	NUGREN, JUNE	1.35	_____
64-H	1756	Yes	WILSON, JIM & PATTI	2.37	_____